

**FAMILY COURT MEDIATOR  
Supplemental Application  
Announcement Number 05-009**

**This form must be submitted with the Superior Court of California, County of San Bernardino Employment Application.**

This supplemental application and the regular Court application will be the basis for a competitive evaluation of qualifications. Only the highest rated candidates will receive further consideration. A résumé, while useful, will not substitute for this form.

1. License/Education

Please indicate license(s) held:

- ☐ Marriage and Family Therapist License Number: \_\_\_\_\_
- ☐ Clinical Social Worker License Number: \_\_\_\_\_
- ☐ Clinical Psychologist License Number: \_\_\_\_\_

Type of Degree(s) held: \_\_\_\_\_

Date Awarded: \_\_\_\_\_

Name/location of College/University: \_\_\_\_\_

On separate paper, please describe in detail, but as concisely as possible, your experience and accomplishments in each of the following areas in one page or less. Specify the employer, position held and dates when describing your experience.

2. Describe your professional therapeutic experience working with families.
3. Describe your mediation experience.
4. Describe your experience working in a Court Environment. Include type of court and type of cases handled, particularly as related to Family Court and Dependency Court.

Revised 4/11/05 crp

**CERTIFICATE OF APPLICANT:** I certify that all statements made in this application and supplemental application are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal.

Name (print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_